

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

**DECLARATION AND POWER OF ATTORNEY**

ATTORNEY'S DOCKET NO.  
**10401/1**

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled **IMMORTALIZED, HOMOZYGOUS STAT1- DEFICIENT MAMMALIAN CELL LINES AND THEIR USES**, the specification of which was filed on **November 3, 1997** as Application Serial No. **08/962,740**.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).


**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys:

**M. Lisa Wilson (Reg. No. 34,045)**  
**Estelle J. Tsevdos (Reg No. 31,145)**

**SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:**

**M. Lisa Wilson**  
**KENYON & KENYON**  
**One Broadway**  
**New York, New York 10004**  
**(212) 425-7200 (phone)**  
**(212) 425-5288 (facsimile)**

I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME <b>LEVY</b>	FIRST GIVEN NAME <b>David</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <b>New York</b>	STATE OR FOREIGN COUNTRY <b>New York</b>	COUNTRY OF CITIZENSHIP <b>USA</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>17 E 95th Street Apt 4F</b>	CITY <b>New York</b>	STATE & ZIP CODE/COUNTRY <b>10128</b>
Signature 		Date <b>4/24/98</b>	
FULL NAME OF INVENTOR	FAMILY NAME <b>PALESE</b>	FIRST GIVEN NAME <b>Peter</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <b>Leonia</b>	STATE OR FOREIGN COUNTRY <b>New Jersey</b>	COUNTRY OF CITIZENSHIP <b>USA</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>414 Highwood Avenue</b>	CITY <b>Leonia</b>	STATE & ZIP CODE/COUNTRY <b>New Jersey 07605</b>
Signature		Date	
FULL NAME OF INVENTOR	FAMILY NAME <b>GARCIA-SASTRE</b>	FIRST GIVEN NAME <b>Adolfo</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <b>New York</b>	STATE OR FOREIGN COUNTRY <b>New York</b>	COUNTRY OF CITIZENSHIP <b>Spain</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>16E 96th Street Apt 3G</b>	CITY <b>New York</b>	STATE & ZIP CODE/COUNTRY <b>New York 10128</b>
Signature		Date	

FULL NAME OF INVENTOR	FAMILY NAME <b>DURBIN</b>	FIRST GIVEN NAME <b>Joan</b>	SECOND GIVEN NAME <b>Elizabeth</b>
RESIDENCE & CITIZENSHIP	CITY <b>Columbus</b>	STATE OR FOREIGN COUNTRY <b>Ohio</b>	COUNTRY OF CITIZENSHIP <b>USA</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>2024 Tewksbury Road</b>	CITY <b>Columbus</b>	STATE & ZIP CODE/COUNTRY <b>Ohio 43221</b>
Signature <i>Joan Elizabeth Durbin</i>		Date <i>4/29/98</i>	



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POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>414 Highwood Avenue</b>	CITY <b>Leonia</b>	STATE & ZIP CODE/COUNTRY <b>New Jersey 07605</b>
Signature <i>Pete Palese</i>		Date <i>5/21/98</i>	
FULL NAME OF INVENTOR	FAMILY NAME <b>GARCIA-SASTRE</b>	FIRST GIVEN NAME <b>Adolfo</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <b>New York</b>	STATE OR FOREIGN COUNTRY <b>New York</b>	COUNTRY OF CITIZENSHIP <b>Spain</b>
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Signature <i>H. Garcia-Sastre</i>		Date <i>5/21/98</i>	

FULL NAME OF INVENTOR	FAMILY NAME <b>DURBIN</b>	FIRST GIVEN NAME <b>Joan</b>	SECOND GIVEN NAME <b>Elizabeth</b>
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